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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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## **DECLARATION** — Utility or D sign Patent Application

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NAME OF SOLE OR FIRST IN	VENTOR:	ПАВ	etition l	has be	en filed for th	nis unsiar	ned inventor	
Given Name			A petition has been filed for this unsigned inventor Family Name					
(first and middle [if any]) Ja	mes R.			۱°	r Surname	VonK	rosigk	
Inventor's Signature  Date  10/24/03						Date 10/24/03		
Residence: City	State		Country			Citizenship		
Nixon	Texas		U.S.			U.S.		
Mailing Address 2625 Cowey Road	l							
City	State		ZIP				Country	
Nixon	Texas			78	140		U.S.	
NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned invent						for this unsigned inventor		
Given Name (first and middle [if any]) William M.			Family Name or Surname Dun			unca	ncan	
Inventor's Signature May Oser							Date <b>W-03~03</b>	
Residence: City	State	-	Country			Citizenship		
CôrpustChristi	Texas		U.S.			U.S.		
Mailing Address	,							
5322 StoneHMill	cCircle				•		*	
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Additional inventors or a legal re	presentative are being name	d on the	suppleme	ntal she	et(s) PTO/SB/02	A or 02LR	attached hereto.	
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known TRANSMITTAL 10/612,426 Application Number for FY 2004 Filing Date 07-02-20033 First Named Inventor <u>James R. VonKrosiqk</u> Effective 10/01/2003. Patent fees are subject to annual revision. **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27

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**TOTAL AMOUNT OF PAYMENT** 

SUBMITTED BY

Name (Print/Type)

Stuart J. Eord

Art Unit

1712

(Complete (if applicable))

713-996-1760

Telephone

TOTAL AMOUNT OF PAYMENT (\$).130.00 Attorney Docket No. INTOO4CON								
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)							
Check Credit card Money Other None	3. ADDITIONAL FEES							
X Deposit Account:	Large Entity , Small Entity							
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Deposit	1052 50 2052 25 Surcharge - late provisional filing fee or							
Name	cover sheet 1053 130 1053 130 Non-English specification							
The Director is authorized to: (check all that apply)  Charge fee(s) indicated below  Credit any overpayments	1812 2,520 1812 2,520 For filing a request for <i>ex parte</i> reexamination							
Credit any overpayments  Charge any additional fee(s) or any underpayment of fee(s)	1804 920* 1804 920* Requesting publication of SIR prior to							
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to the above-identified deposit account.	1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action							
FEE CALCULATION	1251 110 2251 55 Extension for reply within first month							
1. BASIC FILING FEE	1252 420 2252 210 Extension for reply within second month							
Large Entity Small Entity	1253 950 2253 475 Extension for reply within third month							
Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254 1,480 2254 740 Extension for reply within fourth month							
1001 770 2001 385 Utility filing fee	1255 2,010 2255 1,005 Extension for reply within fifth month							
1002 340 2002 170 Design filing fee	1401 330 2401 165 Notice of Appeal							
1003 530 2003 265 Plant filing fee	1402 330 2402 165 Filing a brief in support of an appeal							
1004 770 2004 385 Reissue filing fee	1403 290 2403 145 Request for oral hearing							
1005 160 2005 80 Provisional filing fee	1451 1,510 1451 1,510 Petition to institute a public use proceeding							
SUBTOTAL (1) (\$)	1452 110 2452 55 Petition to revive - unavoidable							
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1453 1,330 2453 665 Petition to revive - unintentional							
Fee from Extra Claims below Fee Paic	1501 1,330 2501 665 Utility issue fee (or reissue)							
Total Claims -20** = X =	1503 640 2503 320 Plant issue fee							
Independent Claims - 3** = X =	1460 130 1460 130 Petitions to the Commissioner							
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1202 18 2202 9 Claims in excess of 20	1809 770 2809 385 Filing a submission after final rejection							
1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid	(37 CFR 1.129(a)) 1810 770 2810 385 For each additional invention to be							
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Attorney/Agent)

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